

**CONTRACTORS STATE LICENSE BOARD**

9835 GOETHE ROAD, SACRAMENTO, CALIFORNIA

MAILING ADDRESS: P.O. BOX 26000

SACRAMENTO, CALIFORNIA 95826

(916) 255-3900

**REQUEST FOR VERIFICATION OF LICENSE**

Licensee \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

**Instructions to****APPLICANT FOR VERIFICATION**

Insert your name and address and complete the top portion of this request. The verifying agency will mail the completed verification to you at the address you have listed. Enclose with your application, the completed verification in the sealed, unopened envelope in which it is returned to you.

I am applying for a license in the State of California as a/an \_\_\_\_\_

and am licensed in the State of \_\_\_\_\_ under the name \_\_\_\_\_

S.S.N. or employer Federal I.D.# \_\_\_\_\_. Please verify licensure in your state under license number \_\_\_\_\_.

Enclosed is the necessary license verification fee in the amount of \$ \_\_\_\_\_. \_\_\_\_\_

Signature of Applicant

**VERIFICATION  
OF  
LICENSE**

To Verifying State: Please furnish the information requested. Sign and verify the document. Place the completed form in an envelope, seal the envelope and provide it to the applicant either in person or by mail.

It is hereby verified that \_\_\_\_\_ was first licensed  
as a/an \_\_\_\_\_ by the State of \_\_\_\_\_  
on \_\_\_\_\_, 19 \_\_\_\_\_.  
License Number \_\_\_\_\_ Current Status \_\_\_\_\_

**ADDITIONAL CLASSIFICATIONS** Classification: \_\_\_\_\_ Issue Date \_\_\_\_\_  
**AND EFFECTIVE DATES OF** Classification: \_\_\_\_\_ Issue Date \_\_\_\_\_  
**LICENSURE** Classification: \_\_\_\_\_ Issue Date \_\_\_\_\_

**LICENSED BY:** ☐ Waiver  
☐ Exam - Types of Exams: \_\_\_\_\_

Disciplinary Action: \_\_\_\_\_

☐ No Disciplinary Action

Signature \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Phone # \_\_\_\_\_

SEAL